

WRITE PLA. WITH UNFADING INK—THIS IS A PL. N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 242

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Globe Ariz

District or Township _____

or Village _____

City Globe

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rachel Hernandez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date of birth May 29 - 25
Month Day Year

8. _____

FATHER

Full name Ramon G Hernandez

14. _____

MOTHER

Full maiden name Judalupa Rios

9. Residence

(Usual place of abode)

If non-resident, give place and state. Globe Ariz

15. Residence

(Usual place of abode)

If non-resident, give place and state. Globe Ariz

10. Color or race

Mex

11. Age at last birthday 33 (Years)

16. Color or race

Mex

17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country) Mexico

18. Birthplace (city or place)

(State or country) Mexico

13. Occupation

Nature of industry Laborer

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 3

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A m. on the date above stated
(Born alive or stillborn.)

Signature W. W. Winton

Globe

(Physician or midwife)

Given name added from
a supplemental report _____

Month, day, year _____

Address _____

Filed May 30, 19 25

Registrar _____

Registrar W. W. Winton

989-529-792